

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PH</i>	<i>70291</i>	<i>8/5</i>
O.I.P.E. CLASSIFIER	<i>RSD</i>		<i>8/13/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>JB</i>	<i>5422</i>	<i>9-22-00</i>

# INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral)..... Canceled  
+ ..... Restricted  
N ..... Not entered  
I ..... Incomplete  
A ..... Appeal  
O ..... Objected

Best Available Copy

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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